

953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>133</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>433</u>
Town of _____			Local Registrar No. _____
or <u>Maine</u>			
City of _____	No. _____	St. _____ Ward _____	
If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jake Irvine Crow</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>July 2-1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Raymond Irvine Crow</u>		Full maiden name <u>Waybelle Smith</u>	
9. Residence (Usual place of abode) <u>Maine City.</u>		15. Residence (Usual place of abode) <u>Maine City</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>White</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Texas</u>		18. Birthplace (city or place) <u>Woodland</u>	
(State or country) _____		(State or country) <u>Texas</u>	
13. Occupation <u>Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (a) Born alive and now living <u>6</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9a</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. J. Sotel M.D.</u>	
Given name added from supplemental report _____		Address <u>Maine Arizona</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>July 31, 1923</u>	
		Filed <u>8/3, 1923</u>	
		Local Registrar <u>P. E. Dyer</u>	
		County Registrar <u>B. S. Fry</u>	

136-702-1428